Updates (Kimberly Stanek):

- Public Health emergency extended, not required to continue seeing participants remotely but is an option with the waiver extension
- Reporting updates- FNS required updates, more to come on this

Fiscal Updates (Bruce Brown):

- 10 bullet points for what you need to know for contracting
- No FY 2022 WIC RFA!
 - 1 year competitive selection process suspension with a one-year extension for FY 2021 contract, extended to 9/30/22 via contract amendment

Breastfeeding Training Available in FY 21 (Nicole Newman):

- All training opportunities are virtual for FY 2021
- Lactation Education Consultants' Certified Lactation Specialist Course
 - o 45-hour course with certification exam at the end of the week
 - o lowa training- September 8-10 and 13-14, 2021
 - Appropriate for CPAs
 - More information about registration will be available soon
- IABLE Outpatient Breastfeeding Champion Course
 - o 16 hour worth 13.25 contact hours or 12.75 L-CERPs
 - lowa training- Monday June 7, 14, 21, and 28 from 8:15 am- 12:15 pm
 - Basic training, appropriate for BFPCs, other interested staff, potentially eventually support staff
 - More information about registration will be available soon
- "Breastfeeding Answers: A Guide to Helping Families, 2nd Edition" Book Group with Barbara Robertson and Nancy Mohrbacher (author of the book)
 - 36 CERPs, no credit available for RNs, RD/Ns could still submit, would count towards breastfeeding education hours for recertification for CLC and CLS credentials
 - Most Tuesdays March 16, 2021 through June 1, 2021 from 8:00- 10:00
 am
 - Registration information has been shared with WIC Coordinators, BF Coordinators, and BFPC Coordinators via email

Focus Non-Serialized Inventory for Breast Pump Tracking:

Nicole to share slides via email

Open Discussion:

31 Broadlawns (Karen Goff):

- Continuing remote appointments on the phone, especially at large clinics, thinking about opening some small clinics
- ²/₃- ³/₄ of staff are getting vaccinated and have started
- Lots of planning taking place for each clinic site being different, cleaning, staffing, site preferences
- Lots of questions about Farmers Market check distribution- concerned about this and lots of people coming in
- Lots of families that may not return to in-person clinic and that may not return once clinic opens

33 New Opportunities (Paula Klocke):

- Entire WIC staff and health department staff vaccinated at this point
- Continuing to provide full remote services
- Talking about moving forward with some in-person appointments in Carroll
- Concerns with 50% not comfortable coming to clinic, no shows or sick child, transportation will be a concern for participation numbers as lots of people like the convenience of phone appointments
- Accomodating for working families- 6 am or 6 pm appointments

34 HACAP (Angie Munson):

- All remote appointments at this time, had gone to in-person appointments before but changed back once COVID cases were going up last in 2020
- Reopening in-person certs on February 8
- Will use lab coats, masks, face shields, etc.
- Will plan to give participants the option to not come in but encourage it to make heights, weights, hgbs, cards, signatures, etc. all easier
- Most staff have received the first dose of the vaccine and 2nd dose coming next week

35 Hillcrest (Cynthia Kaczinski):

- Appointments are done remotely with an occasional in-person walk in appointment, not turning them away
- Talked about soft openings, staffing issues, considering March for soft opening in Clinton and Dubuque clinics
- Travel to outer clinics is a concern with staff being in a vehicle together

- No vaccines at this time, having difficulty defining what phase or what work group they fit into, public health nursing continues to tell them they're not sure where they fit in, opened to other agencies for feedback
 - Angie (34)- Worked with Linn County Public Health for a survey and wasn't sure if they were front line worker but highlighted how they take heights, weights, Hgbs, leads, checking in families and qualified, Jones County Public Health also asked WIC staff too if they wanted it
 - Cindy Harpenau (39)- Those providing phone visits aren't eligible since they aren't doing face-to-face visits in her counties
 - Carla Miller (41)- Was in the same situation, those providing in-person services were prioritized, if clinics do start opening they are told that they need to have staff sign up for the vaccine during the public distribution
 - Christine (45)- 2 health departments contacted her and considered them frontline and they have shared clinics together in normal times and offered the vaccine to all staff
 - Karla (37)- 4 public health offices called them to offer the vaccine
 - Paula (33)- She was proactive from the get go and contacted 7-counties from the start and told them they were essential for early rounds, keeping a list of who wants it and local PH contacts if they have a surplus to not waste

37 MATURA (Karla Hynes):

- WIC staff were offered the vaccine, not man receiving
- Lots of ups and downs with staff wanting to be in-person versus at home
- Got a grant to try to get people into clinic for an incentive
 - Period.org will send tampons and pads for gift bags for moms
- Executive Director for MATURA officially retired, open for hire at this time
- Looking at focus groups for fathers, in the process of finding a leader to ask the questions
 - Found another grant to fund a steak dinner to get fathers into the clinic for feedback since WIC funds cannot cover food costs

38 MICA (Sierra Stevens):

- Opened offices back in October 2020 to the public but prefer to do things in the parking lot
- Participants call when arriving and get pumps, WIC cards, etc.
- A lot more people wanted in-person appointments in November and December surprisingly than January
- Local agency is limiting in-person visits to 15 minutes- height, weight, hgb, issue benefits, sign for R and R, the rest of the appointment done over the phone,

- the rest of the appointment is done ahead of the appointment
- Same staff see them for both appointments if possible
- Initial cert scheduled as a cert, f/u scheduled for the rest of the appointment, pulling appointment reports to track in-person appointments
- Had hoped to open travel clinics if positive feedback but haven't yet
- In the process of obtaining secure signature software allowing for families to securely send proofs so working on a training to send soon
 - Some families have been hesitant to send via text
 - Would like to continue to use to streamline cert appointments in the future when back to full-time in-person
- RDs and RNs offered vaccine and most took them up on that, HR director reached out to public health, support staff weren't considered frontline, staff will get 2nd dose in February

39 Mid-Sioux (Cindy Harpenau):

- Appointments all remote, no traveling or face-to-face visits
- Liking how things are right now
 - Convenient for families and staff to stay safe, especially since staff are together in a vehicle for one hour
 - New moms and babies are able to be seen right away
- Caseload has increased dramatically, concerns about how that will go once returning to in-person
- Will stay remote as long as waivers are in place as agency rules have limited traveling, limited meetings, not going out if not required
- One staff going up to Head Start centers was eligible for the vaccine because of face-to-face visits

41 NICAO (Carla Miller):

- Remote visits, staff rotating working in the office and at home so staff are available in the office for pump and WIC card distribution
- Meeting participants in the parking lot
- Many participants are expressing the remote appointments have helped tremendously
- Weather is another reason remote appointments are so beneficial
- No longer COVID protections for family leave so families have to use sick or vacation time so appointment time might be a barrier for in-person visits
- Some staff have been vaccinated because they work with other programs and are in the office but most WIC staff were put on lower tiers

42 VNA (Sara Noack):

- Remote appointments completely, had originally planned to start February 1 soft opening but will decide by tomorrow if delaying
- All WIC staff have had 2nd vaccine, new WIC staff haven't had it and RDH with iSmile hasn't been vaccinated yet being on leave

43 Operation Threshold:

Amanda Kirchhoff:

- All day everyday remote appointments only, rest of OT is doing everything virtually at this time, lobby is still closed
- Pumps exchanged on a face-to-face in the lobby
- No staff vaccinated yet but hoping soon
- People are calling to say they stayed enrolled in WIC but haven't been to a grocery store so not using their benefits, pushing for online purchasing like SNAP
- Wondering if any organizations made the vaccine mandatory- no feedback
- Luella Ambrose (support staff for 23 years with WIC) is retiring mid-March, hiring for a new support staff

Angela Becker:

- BFPCs are overwhelmed at this point with numbers served but doing well, their contacts are continuous
- o BFPCs not in office and starting more virtual meetings to "see" each other
- o 250 BFPC caseload with 3 BFPCs
- 3 classes/month, one offered by IBCLC
- Will keep both models for seeing participants, each CPA manages their own column, not sure how that will work when return to full in-person
- Clients are not having as many options for internet, want to do appointment by texting if not able to receive phone calls

45 CASEI (Christine O'Brien):

- Looking at reopening in March in main clinics, April at some travel clinics with nicer weather, will continue to allow choice of remote appointments if families are not comfortable
- Most staff will be getting 2nd vaccine this week
- Will plan to keep just certs and recerts coming into the clinic, text proofs

46 AHFA (Cindy Meiners):

- Staff coming into the office from the start and working from offices, some inperson appointments in main clinics
- Sites in some counties still not comfortable with WIC coming back yet

 Main office county doesn't count WIC staff as high risk, but some staff have received vaccines in the counties they live in

47 UDMO (Tami Meendering):

- Staff that want the vaccine have received first dose
- Mainly remote appointments but have some 1:1 appointments in 3 offices
- Hoping to get into some clinics in-person for some routine soon
- Clients are so comfortable they aren't responding back until they need something, i.e. calling on the 1st of the month or when receiving term notice

48 WCCA (Amanda Blum):

- Agency is going into home office since the beginning, no staff working at home
- Staff have own offices and wear masks in close contact with others
- Agency isn't requiring the vaccine, public health has been contacted, some staff
 have gotten the vaccine due to working in other programs and some are unsure if
 they want it
- Plan for reopening was in February if there was interest and if positivity is under 15%, but most counties in their service area are currently above that, considering pushing to March
- Participation has increased
- Focusing on reaching out to other community programs

49 Siouxland (Jean Sterner):

- Similar to CASEI, considering seeing people in March
- Health Dept has done 1,000 COVID vaccines in January and WIC staff are helping with that and will repeat in February for 2nd doses, staff are doing both
- Hoping that vaccines will be offered in other locations than the HD after February
- Staff that want vaccine have received it
- Struggle with documentation and proofs with clients before the appointment time, feeling the clients do better in-person
- Trying in-person for a while until positivity rates had increased, now under 10% positivity so considering reopening after February
- Agency is down 1 RD and 1 going on maternity leave so staffing concerns

50 Webster County (Emily):

- WIC clinics open since summer, started as only new people, now seeing everyone in-person
- Lots of precautions, staggering appointments, only 1 of satellite clinics in still virtual as church won't allow WIC to come in
- Appreciating flexibility for clinic being remote with weather

RNs have option to receive the vaccine

51 Johnson County Public Health (Chuck Dufano):

- Seeing all appointments remotely
- None of staff have been vaccinated except those working for other programs
- Considering starting in-person appointments for those that need lead testing in the spring
- Public Health Dept planning for COVID vaccine and some are making vaccine calls to childcare sites, businesses, etc.
- Having issues with getting people to submit proofs on time

52 Pott County (Kris Wood):

- Have been in the office the entire time, seeing 1-3 families in-person each day, usually those that are new or need a new card
- Agrees that it is nice to be able to work remotely for weather
- Most staff have received the second dose of the vaccine
- Due to being a part of the county system they have been asked to be a part of the mass vaccine at an arena in town, would pay staff in excess of WIC hours
- Asked about how data will be usable this year- BF data, Nicole said to contact her if needing numbers

53 Marion County Public Health (Julie Miller):

- Still conducting appointments remotely and have had lots of participants say they aren't comfortable coming in if required to go back to in-person
- All staff have had round 1 of vaccine as public health staff, second dose coming up
- Looking for a dietitian (pending exam this month), lost 2 BFPCs recently and replaced them

54 CHC (Ashley Wandera):

- Still full remotely, phone calls or video conferencing system DoxyMe
- May consider soft reopening in April depending on positivity and vaccine distribution
- Vaccine has been offered to staff at CHC staff, 50% chose to take it, 2nd dose coming up
- Concern with participants returning to in-person as remote has been a convenience
- Address question has had some families that have moved to another county service area, agency encourages calling other agency but participants are wanting to stay on at CHC as it's virtual anyway

Questions:

Karen Goff- Will the region give any flexibility to states if concerns continue for meeting requirements for in-person visits? I.e. caseload increase, new skill sets obtained, serving families where they are at and reducing barriers, etc.)

- Other states are concerned, but regional offices don't have control to grant flexibility
- Changes need to be made at the national level
- Jill Lange encouraged voicing concerns at the national level
- Amanda Kirchhoff asked about obtaining data (heights, weights, etc.), virtual visits as an option
 - Kimberly discussed virtual visits in MN but face-to-face is still required for those needing physical presence